

01/19/02
J1057 U.S. PTO

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Please type a plus sign (+) inside this box ☒

PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))		Attorney Docket No.	53002-1
		First Inventor	Harris, Dennis H.
		Title	Therapeutic Skin Care System
		Express Mail Label No.	

10/053794
10/19/02

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
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1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
 2. ☒ Applicant claims small entity status.
See 37 CFR 1.27.
 3. ☒ Specification [Total Pages **23**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
 4. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets]
 5. ☐ Oath or Declaration [Total Pages - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS	
9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)	<input checked="" type="checkbox"/> Power of Attorney
11. <input type="checkbox"/> English Translation Document (if applicable)	
12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input checked="" type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/> Preliminary Amendment	
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
17. <input type="checkbox"/> Other:	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS				
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		[Redacted] or <input type="checkbox"/> Correspondence address below		
Name 23994				
Address PATENT TRADEMARK OFFICE				
City		State	Zip Code	
Country		Telephone	Fax	

Name (Print/Type)	Joseph W. Mott	Registration No. (Attorney/Agent)	35,621
Signature	<i>[Signature]</i>		Date 18 January 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 454

Complete if Known

Application Number

Filing Date

First Named Inventor

Harris, Dennis H.

Examiner Name

Group Art Unit

Attorney Docket No.

53002-1

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

501234

Jennings Strouss & Salmon PLC

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee
Code (\$)

Fee Fee
Code (\$)

Fee Description

Fee Paid

101 740

201 370

Utility filing fee

370

106 330

206 165

Design filing fee

107 510

207 255

Plant filing fee

108 740

208 370

Reissue filing fee

114 160

214 80

Provisional filing fee

SUBTOTAL (1) (\$ 370

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims

10

-20** = 0

X

Fee from below

Independent Claims

5

-3** = 2

X

42

Multiple Dependent

84

Large Entity

Small Entity

Fee Fee
Code (\$)

Fee Fee
Code (\$)

Fee Description

103 18

203 9

Claims in excess of 20

102 84

202 42

Independent claims in excess of 3

104 280

204 140

Multiple dependent claim, if not paid

109 84

209 42

** Reissue independent claims over original patent

110 18

210 9

** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 84

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity

Small Entity

Fee Fee
Code (\$)

Fee Fee
Code (\$)

Fee Description

Fee Paid

105 130

205 65

Surcharge - late filing fee or oath

127 50

227 25

Surcharge - late provisional filing fee or cover sheet

139 130

139 130

Non-English specification

147 2,520

147 2,520

For filing a request for *ex parte* reexamination

112 920*

112 920*

Requesting publication of SIR prior to Examiner action

113 1,840*

113 1,840*

Requesting publication of SIR after Examiner action

115 110

215 55

Extension for reply within first month

116 400

216 200

Extension for reply within second month

117 920

217 460

Extension for reply within third month

118 1,440

218 720

Extension for reply within fourth month

128 1,960

228 980

Extension for reply within fifth month

119 320

219 160

Notice of Appeal

120 320

220 160

Filing a brief in support of an appeal

121 280

221 140

Request for oral hearing

138 1,510

138 1,510

Petition to institute a public use proceeding

140 110

240 55

Petition to revive - unavoidable

141 1,280

241 640

Petition to revive - unintentional

142 1,280

242 640

Utility issue fee (or reissue)

143 460

243 230

Design issue fee

144 620

244 310

Plant issue fee

122 130

122 130

Petitions to the Commissioner

123 50

123 50

Processing fee under 37 CFR 1.17(q)

126 180

126 180

Submission of Information Disclosure Stmt

581 40

581 40

Recording each patent assignment per property (times number of properties)

146 740

246 370

Filing a submission after final rejection (37 CFR § 1.129(a))

149 740

249 370

For each additional invention to be examined (37 CFR § 1.129(b))

179 740

279 370

Request for Continued Examination (RCE)

169 900

169 900

Request for expedited examination of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0

SUBMITTED BY

Name (Print/Type)

Joseph W. Mott

Registration No.

35,621

Complete (if applicable)

Telephone

602 262-5866

Signature



Date

18 January 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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